

9912 - 107 Street, Edmonton
P. O. BOX 2415 T5J 2S5
Toll-free fax: 1-800-661-1993
(In Edmonton fax: 427-5863)
Customer Contact Centre 1-866-922-9221

Account Number _____
(for requests from employers about a WCB account decision)

Name _____
Address _____
City/Town _____ Postal Code _____ Telephone Number _____

Note: This policy is effective September 1, 2018 for any Request for Review dated on or after September 1, 2018.
For more information on our interim relief process, please visit our website at <https://www.wcb.ab.ca/claims/review-and-appeals/for-employers.html>

STEP ONE: Please review the criteria for this temporary financial assistance.
Visit our website for more information at https://www.wcb.ab.ca/assets/pdfs/employers/efs_interim_relief.pdf

STEP TWO: What kind of documentation do I need to send in with my application?

- The following are some examples of documentation that will help us assess if you meet the criteria:
- Record of employment (ROEs) documenting a lay off of employees.
 - Bank account and financial information.
 - Documentation of liens, bankruptcy, and/or account payables that are past due

STEP THREE: Submit the request by mail, drop off at the front counter or by email to the mailbox.drdrb@wcb.ab.ca

Please describe why you require interim support as well as your financial circumstances if you do not receive this support. (be as specific as possible)

Signed _____	Date _____
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The information requested on this form is collected under Sections 33 (a) and 33 (c) of the *Freedom of Information and protection of Privacy Act* for the purpose of making a formal request for review of a claim decision. If you have questions, please call the Customer Contact Centre as noted at the top of this form.



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